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Application Number
09/603,310

Filing Date
June 21, 2000
First Named Inventor
Carleton Sparrell et al.

Art Unit
2665

Thien D. Tran

**Examiner Name** 

(to be used for all correspondence after initial filing)

the date shown below:

Typed or printed name

Peter R. Martinez

Signature

Total Nu	umber of Pages in This Submission		Attorney Docket Number	00042		
	<del></del>	ENC	LOSURES (Check	all that appl	y)	
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD  Remarks  The Commissioner is hereby authorized to charge this submission to Deposit Account 50-3143, in the			Chec	
	SIGNA	TURE O	F APPLICANT, ATT	ORNEY, O	OR AG	ENT
Firm Name Pulse~LINK, Inc.  Signature						
Printed name Peter R. Martinez						
Date	February 28, 2005	oruary 28, 2005		Reg. No.	42,845	5
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Date

February 28, 2005

PTO/SB/17 (12-04v2)

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Effective on	pursuant to the constitute on 12/08/2004.		Complete if Known				
Fees pursuant to the Consolidate App	ropriations	Act, 2005 (H.R. 4818).	Application Number	on Number 09/603,310  te June 21, 2000  ned Inventor Carleton Sparrell et al.  r Name Thien D. Tran  2665			
FEE TRAN	<b>151</b> 1	IIIIAL	Filing Date	June 21, 2000	ler -		
For FY	200	5	First Named Inventor	Carleton Sparrell et al.			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Thien D. Tran			
Applicant claims small entity s	tatus. Se	ee 37 CFR 1.27	Art Unit	2665			
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No.	00042	_		
METHOD OF PAYMENT (chec	k all tha	t apply)			_		

TOTAL AMOUNT OF PAY	MENT (\$)	180.00		Attorney Docket	No. 000	42	
METHOD OF PAYMEN	T (check all th	at apply)					
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-3143  Deposit Account Name: Pulse~LINK, Inc.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						cept for the filing fee
under 37 CFF WARNING: Information on this information and authorization	Charge any additional fee(s) or underpayments of fee(s)  under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						rovide credit card
FEE CALCULATION							<u></u>
1. BASIC FILING, SEAF	FILING FE			CH FEES Small Entity		TION FEES	
Application Type	-	ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility		150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c Total Claims	including Rei im over 3 (in	cluding Reissu		Paid (\$)		Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180 ependent Claims
- 20 or HP =	Extra Clair <u>is</u>	<u>ree (3)</u>	=	Palu (\$)		Fee (\$)	Fee Paid (\$)
HP = highest number of total Indep. Claims  - 3 or HP =  HP = highest number of indep	Extra Claims	<u>Fee (\$)</u> x	=	Paid (\$)			
3. APPLICATION SIZE If the specification and listings under 37 Cl sheets or fraction th Total Sheets	drawings exe FR 1.52(e)), t	he application 5 U.S.C. 41(a)	size fee	due is \$250 (\$	125 for sma 6(s).	all entity) for	each additional 50
100 =	-via Sileara	/ 50 =	or eact	(round <b>up</b> to a v			<u> </u>
4. OTHER FEE(S) Non-English Specific	cation, \$130	) fee (no small	entity d	liscount)			Fees Paid (\$)
Other (e.g., late filing	g surcharge):	SUPPLEMENTA	L INFOR	MATION DISCL	OSURE STA	TEMENT	\$180.00

SUBMITTED BY	0.1		
Signature	//////	Registration No. (Attorney/Agent) 42,845	Telephone 760-607-0844
Name (Print/Type)	Peter R. Martinez		Date February 28, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.